

Foster Family Home - Corrective Action Report

Provider ID: 1-160072

Home Name: Luzvelinda Wilson, CNA

Review ID: 1-160072-2

91-992 Papapuhi Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/11/2017

End Date: 8/11/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFH recertification review made on 8/11/17. CCFH currently has no patients. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

Luzvelinda M. Wilson
Primary Care Giver

8/11/17
Date

8/11/17
Date